

FEB 08 2007

ISSUE FEE AND/OR PUBLICATION FEE TRANSMITTAL

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30869 7590 12/29/2006

LUMEN INTELLECTUAL PROPERTY SERVICES, INC.
2345 YALE STREET, 2ND FLOOR
PALO ALTO, CA 94306

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Abigail Capulong (Depositor's name)

 (Signature)

2/6/07 (Date)

Application No.	Filing Date	First Named Inventor	Docket No.	Confirmation No.
10/673089	9/26/2003	Burak Acar	S01-253/US	7567

Title: METHOD FOR MATCHING AND REGISTERING MEDICAL IMAGE DATA

Appl. Type	Small Entity	Issue Fee Due	Pub. Fee Due	Prev. Paid IF	Total Fee Due	Date Due
nonprovisional	YES	\$700	\$300	\$0	\$1000	3/29/2007
Examiner		Art Unit	Class-SubClass			
AZARIAN, SEYED H		2624	382/131000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):			2. For printing on the patent front page list firm name:			
<input type="checkbox"/> Change of correspondence address attached.			LUMEN INTELLECTUAL PROPERTY SERVICES, INC.			
<input type="checkbox"/> "Fee address" indication attached.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT.						

Unless an assignee is identified below, no assignee will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

1. The Board of Trustees of the Leland Stanford Junior University

(B) RESIDENCE (City and State or Country)

1. Palo Alto, CA

Please check the appropriate assignee category/categories: Individual Corporation or Private Group Entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee
 Advance Order - # of Copies _____

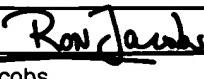
4b. Payment of fee(s):

- Check is enclosed
 Payment by credit card (form is attached)
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account No. _____ (enclose extra copy)

5. Change in entity status (from status indicated above)

- a. Applicant claims SMALL ENTITY status b. Applicant is no longer claiming SMALL ENTITY status

SIGNATURE OF APPLICANT, REGISTERED ATTORNEY, OR REGISTERED AGENT

SIGNATURE		DATE	2/6/07
PRINTED NAME	Ron Jacobs	REGISTRATION NUMBER	50,142

This collection of information is required by 37 CFR 1.1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

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02/09/2007 TTRANZ 0000045 10673089

01 FC:2501	700.00 OP
02 FC:1504	300.00 OP



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	S01-253/US
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ENCLOSURES (*Check all that apply*)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Doc(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Comm. to TC <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences <input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other (<i>Specified below</i>)
Other: Issue Fee.....		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Ron Jacobs		
DATE	2/6/07	REGISTRATION NUMBER	50,142

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SIGNATURE	
PRINTED NAME	Abigail Capulong
DATE	2/6/07

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